

CLAIMS ONLY	Application Number 89/862869	Filing Date
	Applicant(s)	

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6			/			
7				/		
8				/		
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47						
48						
49						
50						
Total Indep			6			
Total Depend			33			
Total Claims			39			

* May be used for additional claims or amendments

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						